



SOUTH DAKOTA BOARD OF SOCIAL WORK EXAMINERS

135 East Illinois, Suite 214

Spearfish, SD 57783

605-642-1600

VERIFICATION OF OUT OF STATE EXPERIENCE FORM FOR LICENSURE AS A CSW-PIP

INSTRUCTIONS: Applicant, you must complete this portion including the release and waiver and send to your supervisors. Your supervisors will return the form directly to the board office. Please request enough copies of this Release and Waiver Form so that you can sign an original for each supervisor. Please send a copy of the out of state social work law in effect while meeting our experience requirement.

I, _____ have made application to the South
(Applicant)

Dakota Board of Social Work Examiners to be licensed as a social worker in private independent practice in the State of South Dakota. I was engaged by the following while I obtained my supervised experience:

Name of Agency/Person: _____

Name of Supervisor: _____

Title: _____

Address: _____

Telephone: _____

My area of specialization was _____

for _____ total average employment hours per week. My immediate qualified

supervisor was/is (please circle) a licensed CSW-PIP; licensed PSYCHOLOGIST;
licensed PSYCHIATRIST):

Other (must be equivalent, as determined by the board, to the above in order for supervision to qualify):

Date you received your MSW Degree _____

Date you received your CSW or equivalent level of licensure _____ in the State of _____

Two years full time qualifying supervised experience must be AFTER CSW level licensure or it's equivalent. Dates you received 2 years of full-time supervised experience under appropriate supervision, subject to the shortened monthly supervision requirements of the provisions of 20:59:05:07

From: _____ to _____
Date Month Year Date Month Year

From: _____ to _____
Date Month Year Date Month Year

I, _____, the applicant for licensure as a CSW-PIP in Social Work in South Dakota, do hereby authorize

(Name of Supervisor)

to release all information in his/her possession that relates or may relate to my fitness to practice independently to the South Dakota Board of Social Work Examiners or its designee, and I authorize the South Dakota Board of Social Work Examiners or its agents or employees to consider any or all of such information in passing on the attached Supervisor Verification of Experience Form. This authorization, release and waiver specifically applies to all information in possession of the above named supervisor, including all material deemed privileged or confidential, and I hereby direct the named supervisor to release such information to the South Dakota Board of Social Work Examiners or its designee.

I hereby, also specifically waive any procedural due process rights, whether based in common law, statute or constitution of any state, province or the United States, that would otherwise entitle me to a hearing before release of the materials referred above.

In consideration of the above named supervisor releasing any information in its possession concerning me, I, on behalf of myself, my spouse, legal representatives, heirs and assigns, hereby release, waive, discharge, and agree to hold harmless and indemnify the

_____, the State
(name of supervisor)

of South Dakota Board of Social Work Examiners and their officers, agents and employees from and against any and all claims, actions, suits, damages and liabilities arising or allegedly arising from the release of the information.

Dated this _____ day of _____, 20_____.

(Applicant's signature)

State of _____)

County of _____)

On this _____ day _____, 20_____, before me

_____, the undersigned officer, personally appeared to be the person whose name is subscribed to the within instrument and acknowledged to me that ___he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on the date above first written.

My commission Expires: _____

(SEAL)

Notary Public

State of _____

To be completed by Primary Supervisor. PLEASE PRINT OR TYPE. Pay particular attention to the time periods of the supervised professional experience when answering questions.

SUPERVISEE:

SECTION I.

NAME	LAST	FIRST	M.I.	AKAS OR ALIASES	LAST	FIRST	M.I.
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INSTRUCTIONS FOR SUPERVISOR: Please complete this form and return directly to the South Dakota Board of Social Work Examiners. Please note that the law states that a person in private, independent practice must have had two years experience under appropriate supervision in the field of specialization in which the applicant will practice. The supervisor must be a person who has experience in and is active in the field of specialization in which a person applying for a license as a certified social worker in private, independent licensure has practiced or is practicing as per SDCL 36-26-17. The supervisor should have had responsibility for the direct performance of the applicant, and should have provided at least four hours per month of contact in evaluating his/her performance.

PRIMARY SUPERVISOR:

NAME	LAST	FIRST	M.I.	TELEPHONE NO.	E-MAIL ADDRESS	FAX NO.
MAILING ADDRESS				CITY	STATE	ZIP
DEGREE	LICENSE TYPE		LICENSE NO.	ISSUE DATE	JURISDICTION (STATE OR PROVINCE)	
YOUR STATE BOARD ADDRESS AND TELEPHONE NUMBER						

Were you licensed in another state during this supervision period? If so, complete the following:

STATE	LICENSE TYPE/NO.	ISSUE DATE
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The nature of supervision was:

☐ Individual

☐ Group

☐ Peer

☐ Other

DATE OF SUPERVISION:

SECTION II.

FROM	TO	TOTAL NO. OF WEEKS SUPERVISEE WORKED:	AVERAGE NUMBER OF HOURS WORKED PER WEEK BY SUPERVISEE:	TOTAL HOURS OF ENTIRE PERIOD:	TOTAL HOURS OF DIRECT SUPERVISION PER MONTH:
MM / DD / YY	MM / DD / YY				

DUTIES: Describe below, in detail, the social work duties included in the supervised professional experience being verified on

SECTION III (TO BE COMPLETED BY PRIMARY SUPERVISOR ONLY).

Please answer the following questions as they apply to this supervision experience:

General questions for ALL periods of time:

1. Did you provide at least 4 hours of direct, individual supervision every month? Yes____ No____
2. Did you possess and maintain a valid, active license during the entire supervision period? Yes____ No____
3. Was your supervision in compliance with NASW Code of Ethics as well as licensing laws and regulations? Yes____ No____
4. Did you ensure that the supervisee was at all times in compliance with all applicable licensing laws and regulations? Yes____ No____
5. Did you have adequate education, training and experience to supervise this supervisee's areas of practice? Yes____ No____
6. Did the supervisee have the appropriate education and training to practice in these areas? Yes____ No____
7. Did you receive payment, monetary or otherwise, from the supervisee for the purpose of providing supervision? Yes____ No____
8. Was your license to practice psychology, social work, psychiatry or any other profession subject to discipline by any state or country during the period of supervision? If yes, explain on a separate sheet of paper. Yes____ No____
9. Were you employed at the same work setting where the supervisee was providing social work services? Yes____ No____
10. Were you available to the supervisee 100% of the time the supervisee was working either in person, telephone or electronically? Yes____ No____
11. Were you engaged in rendering professional services at least 50% of the time in the same work setting in which the supervisee was obtaining supervised professional experience? Yes____ No____
12. Were you contracted by the supervisee to provide supervision? Yes____ No____

I would rate the supervisee's performance under my supervision as:____satisfactory____unsatisfactory during the period of supervision.

I declare under penalty of perjury under the laws of the State of South Dakota that all the foregoing is true and correct.

Name (Print or Type)_____

Title_____

Signature_____

Date_____

State of_____

County of_____ SS

The Supervisor_____being duly sworn,
declares that he or she is the person who is referred to in the foregoing certification and that the information supplied therein is true to the best of his or her knowledge.

Subscribed and sworn to before me this_____day of_____, 20_____

(Notary Public)

My commission Expires:_____

(SEAL)

State of_____